

CLAIMS ONLY

Application Number
10/060 489

Applicant(s)

Filing Date

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1			/	/	/	/	54		/	/	/	/
2			/	/	/	/	55		/	/	/	/
3			/	/	/	/	56		/	/	/	/
4							57					
5			/	/	/	/	58					
6			/	/	/	/	59					
7							60					
8			/	/	/	/	61					
9			/	/	/	/	62					
10							63					
11							64					
12			/	/	/	/	65					
13			/	/	/	/	66					
14			/	/	/	/	67					
15							68					
16							69					
17			/	/	/	/	70					
18			/	/	/	/	71					
19			/	/	/	/	72					
20			/	/	/	/	73					
21			/	/	/	/	74					
22			/	/	/	/	75					
23			/	/	/	/	76					
24							77					
25							78					
26			/	/	/	/	79					
27							80					
28			/	/	/	/	81					
29			/	/	/	/	82					
30			/	/	/	/	83					
31			/	/	/	/	84					
32			/	/	/	/	85					
33			/	/	/	/	86					
34			/	/	/	/	87					
35							88					
36							89					
37							90					
38			/	/	/	/	91					
39			/	/	/	/	92					
40			/	/	/	/	93					
41			/	/	/	/	94					
42			/	/	/	/	95					
43			/	/	/	/	96					
44			/	/	/	/	97					
45			/	/	/	/	98					
46			/	/	/	/	99					
47			/	/	/	/	100					
48							Total Indep					
49							Total Depend					
50							Total Claims					
Total Indep			4		3							
Total Depend			43		33							
Total Claims			47		36							